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Bib Data Sheet

CONFIRMATION NO. 6002

|   |   |                         |   |  |
|---|---|-------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/835,464  | <b>FILING DATE</b><br>04/17/2001<br><b>RULE</b>   | <b>CLASS</b><br>455     | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>740301-415 |
| <b>APPLICANTS</b><br>Harry M. O'Sullivan, Red Oak, TX;  |   |                         |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A DIV OF 08/436,863 05/08/1995 PAT R,E37,141<br>WHICH IS A CON OF 07/930,251 08/17/1992 ABN<br>WHICH IS A DIV OF 07/414,468 09/29/1989 PAT R,E34,034 <i>verified TSC</i><br>WHICH IS A REI OF 06/839,564 03/14/1986 PAT 4,697,281<br>WHICH IS A CIP OF 06/786,641 10/11/1985 ABN |   |                         |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>una TSC</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 06/06/2001</b>  |   |                         |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <input checked="" type="checkbox"/>                       |   | STATE OR COUNTRY<br>TX  | SHEETS DRAWING<br>4   | TOTAL CLAIMS<br>5                        |
| ADDRESS <b>CHARLES M. LEEDOM, JR</b><br>6524 TRUMAN LN<br>FALLS CHURCH, VA 22043  |   | INDEPENDENT CLAIMS<br>1 |   |  |
| <b>TITLE</b><br>Cellular telephone data communication system and method   |   |                         |   |  |
| <b>FILING FEE RECEIVED</b><br>355   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                         | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |